# *Status Report on Performance Contract Achievements and Progress*

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Department of Health and Human Services

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# Introduction

The purpose of this document is to report on the status of achieving critical objectives that I, as Director of the Indian Health Service (IHS), am accountable for meeting during the stipulated performance period. These objectives are organized and linked to Department program and management objectives, and linked to IHS strategic goals. In turn, my objectives are linked directly to IHS senior leadership performance objectives as detailed in their individual performance plans.

**Performance Period:**

October 1, 2003 through September 30, 2004

**Report to the Department**

- September 30, 2004
- September 30, 2005

**IHS' Strategic Goals**

**Build Healthy Communities**

**Achieve Parity in Access**

**Provide Compassionate Quality Health Care**

**Embrace Innovation**

**IHS' Goal**

In partnership with American Indian and Alaska Native people, raise their physical, mental, social, and spiritual health to the highest level.

**IHS' Mission**

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

# *Significant IHS Accomplishments for Fiscal Year 2004*

Based on a clear set of strategic imperatives and a defined management structure, IHS has achieved significant accomplishments in raising the physical, mental, social, and spiritual health of American Indian and Alaska Native people to the highest level.

- In recognition of the impact of excessive rates of preventable chronic diseases causing disparities in Indian Health, the IHS **re-vitalized community-based health promotion efforts using evidenced-based best practices and private and public partnerships.**

- The IHS **promoted collaborative strategies for the prevention of diabetes and its complications** through the coordination of a network of 19 Model Diabetes Programs, 318 Special Diabetes Programs for Indians, and IHS Diabetes Coordinators in each of the 12 IHS Areas. Through this network, **diabetes care was provided to more than 110,000 American Indians and Alaska Natives, as well as entire communities at highest risk** for the disease.

- The IHS implemented the Electronic Health Record (EHR) at nine sites in 2004 and prepared additional sites for 2005 implementation. This and IHS' success on GPRA clinical indicators demonstrates our **commitment to keeping pace with industry standards in health care delivery,** and shows that superior health care is being delivered with limited resources. The EHR will improve health care delivery within the IHS.

- The IHS was highly successful in working with the Department to foster coalitions and partnerships that will add resources to AI/AN communities and ultimately, will **raise the health status of Indian people**. As a result of One Department Initiatives, the Intra-Departmental Council on Native American Affairs, and the Department working with IHS to become more intimately involved with Indian health issues, **Indian communities now have the opportunity to benefit** from the entire spectrum of resources the Department has to offer.

- The IHS proudly received **Green ratings on the five management goals included in the President's Management Agenda.**

- The IHS' Health Care Facilities Construction Program and Sanitation Facilities Construction Programs were evaluated by the Office of Management and Budget (OMB) and awarded **Program Assessment Rating Tool (PART) scores of 92 percent and 80 percent, respectively.**

- The IHS restructured its Headquarters in a manner that **achieved the Secretary's goals** of having no more than four decision levels and the consolidation of 12 Human Resources (HR) functions into five regions, with delegations coming to the IHS through the Baltimore HR Center.

# Program Objectives

## Prevention

| Department Goals | | | | | | | | | | IHS' Strategic Goals | | | | Performance Objectives | | Achievements & Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Increase access to health care | Expand consumer choices in health care and human services | Emphasize preventive health measures | Prepare for and effectively respond to bio-terrorism and other public health emergencies | Improve health outcomes | Improve the quality of health care | Advance science and medical research | Improve the well-being and safety of families and individuals, especially vulnerable populations | Strengthen American Families | Reduce regulatory burden on providers, patients, and consumers of HHS' services | Build Healthy Communities | Achieve Parity in Access | Provide Compassionate Quality Health Care | Embrace Innovation | | | |
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| ● | | ● | | ● | | | | ● | | ■ | ■ | ■ | ■ | 1. Build infrastructure and capacity to support implementation and evaluation, as appropriate, of the Director's Health Promotion/Disease Prevention (HP/DP) initiative by the end of FY05. | | IHS held a national summit, *Healthier Indian Communities through Partnerships and Prevention*, in Q4 FY04 in Washington, DC, with more than 800 participants.<br><br>IHS collaborated with the National Indian Health Board to expand the *Just Move It* campaign to motivate more than 35,000 American Indian/Alaska Native people (118 communities) to participate in community walking/running events.<br><br>IHS developed a HP/DP position description and distributed it to Area Offices (Q3 FY04). IHS transferred funds to the 12 Area Offices to post and recruit for the positions (Q4 FY04). Five Areas have developed their HP/DP plans; the others have draft plans.<br><br>IHS developed the Healthy Native Communities Fellowship program and it is ready to implement in Q2 FY05.<br><br>IHS conducted Community Champion Forums in four of the 12 Areas, and will conduct Forums in 8 remaining Areas in FY05. |

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| | | | | ● | | | | | | ■ | ■ | ■ | | 2. Apply earmarked dollars to fund cooperative agreements among American Indian/Alaska Native (AI/AN) communities to build injury programs by the end of FY05. | IHS is on track to fund approximately 35 Tribal Injury Programs in FY05<br><br>Eleven IHS Areas had IHS-funded Injury Prevention Programs in FY 2004.<br><br>The Alaska Area IHS signed an interagency agreement, and drafted an RFP with the NIOSH to pilot test a new occupational injury surveillance and investigation system (Q3 FY04). |

# Program Objectives

## Quality Health Care

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| ● | | | | | ● | | | | | ■ | ■ | ■ | ■ | 3. Maintain 100% accreditation of hospitals and clinics during FY04 and FY05. | All IHS facilities have met this objective and maintained accreditation. Three accrediting organizations are used by IHS: JCAHO, AAAHC and CMS. |
| | ● | | | ● | ● | | | | | | ■ | ■ | ■ | 4. Develop the electronic health record during FY04 to enable clinical practitioners to make safer, more informed decisions and diagnoses. Deploy the electronic health record in 20 facilities by Q4 FY05. | The IHS Electronic Health Record (IHS-EHR) Project Team has completed development of version 1 of the IHS-EHR, and the application is in testing. EHR is actively used for clinical practice at nine facilities, seven of which are contributing to the testing effort. We anticipate official release of EHR in Q1 FY05, and have approximately 25 additional sites planned for 2005. |
| | ● | | | ● | ● | ● | | | | | ■ | ■ | ■ | 5. Develop and deploy an interim behavioral health management information system software (GUI) to improve technology access, data trending and research capabilities by Q2 FY04. | The IHS certified and released the BH GUI in Q2 FY04, and completed training in all 12 IHS Areas in Q4 FY04 .<br><br>Current BH GUI users represent I/T/U BH programs in all 12 Areas, and feedback from early deployment has been very positive. Patch # 1, which included minor modifications in response to feedback from users, was released in Q3 FY04. |
| | | | | | | | ● | | | | ■ | | | 6. Develop and deploy the integrated behavioral health component of the electronic health record in FY05. | IHS reviewed technical and functional requirements and awarded contracts (Q4 FY04) for the RPMS programming of IBH. A Statement of Work for the integration into the EHR has been completed and awarded. IBH is on track for deployment in FY05.<br><br>Usability analysis of existing EHR screens and functionality will begin in Q1 FY05. Development work with the programmers and EHR team will begin in Q1 FY05. |

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| | | | | ● | ● | | | | | | | ■ | ■ | 7. Complete deployment of a standardized medication-error reporting system in Q4 FY04 as part of a comprehensive patient safety program. Develop a plan by the end of FY05 for the deployment of a medical-error reporting system as part of a comprehensive patient safety program. | IHS, Tribes, and Urban programs are now using standardized medication error standards developed by the United States Pharmacopoeia for use with their MedMarx Medications Error Reporting System. Currently, 56 IHS and Tribal sites in 8 Areas use the MedMarx system, which includes an online system that supports the tracking and trending of medication errors. All other sites report errors manually using the same standards and categories.<br><br>IHS staff have been working with the Department of Veterans Affairs and the Department of Defense to develop a plan for the deployment of a medication-error reporting system as part of a comprehensive patient safety program by the end of FY05. |

# Program Objectives

## Decreasing Disparities

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| | | ● | | ● | | | | ● | | ■ | ■ | ■ | | 8. Develop the national suicide surveillance system for AI/AN by the end of FY04 and deploy system by the end of FY05. This will drive specific programming and longer-term reduction of suicide. | IHS developed a suicide surveillance tool and deployed it in the BH GUI in Q2 FY04. The Clinical IT Advisory Committee and the Area Chief Medical Officers supported the inclusion of the suicide surveillance tool into the EHR. A Statement of Work for the inclusion of the suicide surveillance tool into the larger RPMS and EHR is pending award, but the suicide surveillance tool is available for use in the RPMS BH applications in all 12 Areas. Integration into the EHR will allow providers from all disciplines to record and report on incidents of suicidal behavior. This integration will provide more comprehensive data on suicides. |

# Program Objectives

## Decreasing Disparities

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| | | ● | | ● | ● | | | ● | | ■ | ■ | ■ | ■ | 9. Develop strategies and tools to increase the capacity in AI/AN communities to increase the quality of care for chronic disease (e.g., diabetes, obesity, heart disease) regarding long-term care management, case management, and treatment management during FY04 and FY05. | IHS piloted NCI/IHS "Navigator" in 2 sites. This is an expanded cancer patient case management approach that incorporates patient social and domestic concerns with treatment.<br><br>IHS issued a contract for a HHS Quality of Cancer Care Committee (QCCC) project with the Mayo Clinic Rochester, MN, (Q3) and conducted a survey to improve palliative care in IHS facilities and AI/AN communities (Q4).<br><br>IHS awarded 66 competitive grants totaling $23.3 million for Tribes to address the cardiovascular complications of diabetes and the primary prevention of diabetes and heart disease (Q4 FY04).<br><br>IHS used RPMS to more easily and accurately obtain diabetes audit information (Q3-4).<br><br>The Native American Cardiology Program has implemented systems, including telemedicine and rapid transport, to deliver advanced cardiology services to rural AI/AN populations in the Southwest. |
| | | | | ● | | | | | | ■ | ■ | ■ | ■ | 10. Design an injury data system by the end of Q4 FY04 to track injury prevention activities and projects in order to identify impact and results of activities and projects in AI/AN communities. Begin to implement the system in FY05. | Environmental Health Data Systems Manager enhanced an existing web-based environmental health reporting system (WebEHRS) to track injury prevention activities and projects. IHS is on track for implementation of the system in FY05. |

# Program Objectives

## Partnerships

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| ● | | ● | | ● | ● | ● | | ● | | ■ | ■ | ■ | ■ | 11. Increase the number of Headquarters partnerships, alliances, and collaborations by 10% above FY03 in the areas of disease prevention, health disparities and health infrastructure by the end of FY05. | The number of partnerships, alliances, and collaborations documented through official agreements increased in FY04 by 7% over the number in FY03.<br><br>A Partnership office was established in the 2004 IHS reorganization of Headquarters. This office will advocate and coordinate partnerships with other Federal and private organizations and work to increase Tribal and Tribal Organization participation in this process. We are on track and expect to increase partnerships and alliances by 10 percent in FY05 over FY03. |
| ● | | ● | | ● | ● | ● | | ● | | ■ | ■ | ■ | ■ | 12. Establish baselines for partnership, alliances and collaborations for each Area by the end of FY04 and increase by 10% by the end of FY05. | Baselines for partnerships, alliances and collaborations were established for each IHS Area in Q4 FY04. The baselines will provide a starting point for FY05 increases. |

# Program Objectives

## Business Practices and Infrastructure

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| | | | ● | | | | | | | ■ | | | ■ | 13. Validate all headquarters and Area office location emergency management plans by the end of FY04. Develop and implement hospital and clinic emergency management plans by the end of FY05. | All headquarters and Area COOP Plans were submitted for HQ review, and are in compliance with the national standard. All Area Offices attested to compliance of their emergency management plans through the Management Control and Review process. The model hospital and clinic emergency management plans were completed in Q3 FY04.<br><br>HQ and all Area Offices participated in a national IHS Emergency Exercise (Q3), and in a nation-wide Department of Homeland Security Emergency Exercise (Q3).<br><br>The IHS is on track for implementation of emergency plans in hospitals and clinics in FY05. Preliminary work is being done in the Albuquerque Area and a national implementation meeting to include all Area Offices is scheduled for Q1 FY05. An outcome of this meeting will be a national implementation plan and schedule. |
| ● | ● | | | | | | | | | | ■ | | | 14. Exceed FY03 third party collections through collaboration with CMS. | Medicare and Medicaid collections have increased over FY03 by 8.6% and 6.8% respectively. Collaboration with CMS has been strengthened through the establishment of a CMS Tribal Technical Advisory Group (TTAG). |

# Program Objectives

## Business Practices and Infrastructure

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| ● | ● | | | | | | | | | | ■ | | | 15. Ensure accountability for IHS business plan implementation during FY04 and FY05. | IHS invested in business process infrastructure - especially information technology, elevated an Office to lead expansion of IHS contracting and business offices, and created an Office to expand partnerships and collaborations.<br><br>The BP covers 5 years; 2004-2009. In 2005, items to include:<br>• cost benefit analysis for funding Part B premiums for Medicare eligible Indians;<br>• continue multi-disciplinary system development with information technology initiatives;<br>• begin application of health care financial system that includes cost accounting and an executive report (UFMS); and<br>• install new priority system for constructing facilities. |
| ● | ● | | | | | | | ● | ● | ■ | | ■ | | 16. Establish a seamless infrastructure between HQ and area offices by the end of FY05 for the development, transition, and contractual oversight of tribal administered programs so that IHS meets its responsibilities under the Self Determination Act. | The Office of Tribal Programs and the Office of Tribal Self-Governance (OTSG) operate grant programs which continue to improve the relationship between the Areas and Tribes. In FY04, two feasibility projects were funded through the Tribal Management Grant program which assists Tribes preparing for contracting activities. The OTSG funded 6 planning and 2 negotiation grants which assist Tribes to prepare for self-governance/compacting, activities. The Offices met with the Director to initiate plans for an all IHS staff conference, "Building Better Relationships with Tribes". The Offices are forming a workgroup to identify topics for this FY05 conference. |

# Management Objectives

| Department Goals | | | | | | | | | | IHS' Strategic Goals | | | | | |
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| Implement Results-Oriented Management | Implement Strategic Human Capital Management | Improve Grants Management Operation and Oversight | Complete the FY2003 Competitive Sourcing Program | Improve Information Technology Management | Administrative Efficiencies | Continue Implementation of Unified Financial Management System (UFMS) | Consolidate management functions | Achieve efficiencies through HHS-wide procurements | Conduct program evaluations and implement corrective strategies for any deficiencies identified | Build Healthy Communities | Achieve Parity in Access. | Provide Compassionate Quality Health Care | Embrace Innovation | Performance Objectives | Achievements & Progress |
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| ● | | | | | | | | | | ■ | ■ | | ■ | 1. Support the Department in the development of the IHS HR center in Q2 FY04 and begin operating according to the HR metrics, staffing ratios and automated systems. | IHS and the Baltimore Center signed an agreement in Q2 FY04 to develop the IHS HR center. EHRP, Employee Express & ITAS continue to be operational IHS-wide.<br><br>In FY04, staffing ratios were reduced from 1:66 to 1:96, which meets the standard established by the Department.<br><br>The IHS HR automated system, Quick Hire, is now accessible to all IHS sites. In FY04, 38 sites, across 8 IHS Areas, were actively using Quick Hire.<br><br>IHS completed the development of seven job series assigned by HHS for Quick Class in Q3 FY04.<br><br>IHS HR Staff completed the following training to support the implementation of HR automated systems.<br><br>– Staff completed e-OPF training in Q4 FY04 and equipment is to be shipped Q1 FY05.<br><br>Staff completed "train the trainers" sessions for the Defense Finance and Accounting Service in Q4 and training to be completed in IHS Areas in Q2 FY05. |

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| ● | | | | | | | | | | | | | ■ | 2. Create meaningful, results-oriented performance contracts for all senior executives that meet new SES requirements from OPM in Q4 F04. | IHS drafted results-oriented performance plans that address HHS program and management goals, IHS strategic goals, Agency priorities, and the goals of each executive's office. The plans ensure that each objective in the Agency Director's performance contract (signed in April 2004) was cross walked to one or more executives, including all members of the SES and Commissioned Officers serving in senior leadership positions. In addition, in FY04, the Director's Performance Contract was cascaded to 12, 290 (100%) of the IHS civilian employees. |

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| | ● | | | | ● | | ● | | | | | | ■ | 3. Develop and implement a plan to streamline at least one organizational structure and reduce management layers to no more than 4 to meet the Department's restructuring and delayering objective in Q4 FY04. | | Reorganization was accomplished in Q4 FY04. The new IHS organizational structure improves support of programs in the field, enhances responsiveness to the Department and Congress, and achieves the management and performance goals of the President and the Secretary. It reflects current and emerging priorities of the IHS, and flattens the management structure by eliminating an entire layer. |
| | ● | | | | ● | | ● | | | | | | ■ | 4. Assess HR structure and implement the regional concept by the end of FY04. Assess the potential for streamlining/regionalizing other administrative functions (e.g., Finance, Procurement and Property and Supply) in FY05. | | IHS completed an assessment of the HR structure and decided to implement the regional concept in Q2 FY04, ahead of schedule. The Western region is operational and the other 4 are partially operational. |
| | ● | | | | | | ● | | | ■ | ■ | ■ | ■ | 5. Develop strategies to assess the workforce mix and competencies in Headquarters, the Area offices, and service units to achieve proper staffing and succession planning, while respecting/honoring Tribal preferences by Q4 FY04. Implement in FY05. | | IHS has updated the 2001 Workforce Plan with an emphasis on filling critical vacancies on a timely basis, utilizing new HHS automated classification, and hiring systems. This includes maximizing all available tools to recruit and retain personnel, succession planning, and providing training in target areas that will yield improvement in management/supervisory levels. The plan update has been completed and 22 activities are scheduled to be completed in FY05. We are reviewing the overall makeup of the workforce to determine the mix and assess basic competencies. |

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| | ● | | | | | | | | | ■ | ■ | | ■ | 6. Establish the 2004 baseline for vacancies for critical health care provider positions in Q4 FY04. Use existing recruitment and retention tools and strategies to reduce the vacancy rate for critical positions by 1% by the end of FY05. | IHS identified critical health disciplines in consultation with health programs and established initial vacancy rates. Five "critical disciplines" were identified: medicine, dental, nursing, pharmacy, and optometry.<br><br>Vacancy rates for those professions are:<br>Medicine 10%<br>Nursing 13%<br>Dental 22%<br>Pharmacy 7%<br>Optometry 10%<br><br>IHS has identified the following recruitment activities for FY05: visits to professional training programs, attendance at professional meetings, mailings to trainees (students, etc.), student and resident clerkships/externships, and advertisements in professional publications. |

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| | | ● | | | | | | | | | | ■ | ■ | 7. Assess and formulate plans to receive electronic grant applications in Q4 FY04. Post all grant announcements on Grants.gov in Q1 FY05. Implement receipt of electronic grant applications in Q4 FY05. | | The IHS completed the assessment and formulated plans to receive electronic grant applications ahead of schedule in Q3 FY04. IHS is implementing the ACF GATES Program Announcement Template System (PATS) to publish electronic announcements to Grants.gov and receive applications electronically.<br><br>IHS posted announcements on FedGrants.gov in Q3 FY04. IHS scheduled training for posting announcements to Grants.gov using GATES PATS system for Q1 FY05. IHS is on track to receive electronic grant applications in Q4 FY05. The implementation and use of PATS is expected in Q4 FY05. |
| | | ● | | | | | | | | | | ■ | ■ | 8. Load grants data on the Administration for Children and Families' GATES (HHS service grants system) by Q2 FY05 and begin testing. | | IHS began converting data from IHS IGEM grant system to GATES in Q4. The IHS contractor has provided the conversion package to IHS IT staff to start loading data on the mainframe for testing. IHS is on track to meet the Q2 FY05 goal. |

# Management Objectives

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| Implement Results-Oriented Management | Implement Strategic Human Capital Management | Improve Grants Management Operation and Oversight | Complete the FY2003 Competitive Sourcing Program | Improve Information Technology Management | Administrative Efficiencies | Continue Implementation of Unified Financial Management System (UFMS) | Consolidate management functions | Achieve efficiencies through HHS-wide procurements | Conduct program evaluations and implement corrective strategies for any deficiencies identified | Build Healthy Communities | Achieve Parity in Access. | Provide Compassionate Quality Health Care | Embrace Innovation | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | Performance Objectives | Achievements & Progress |
| | | | ● | | | | | | | | | | ■ | 9. Report to the Department in Q2 FY04 an inventory of positions identified in the annual FAIR Act Inventory. Report conversions quarterly, or as requested. | The IHS Fair Act inventory, detailing inherently Federal and commercial functions for each of the 12 IHS Area Offices and IHS Headquarters, was submitted on time to the Department in Q3 FY04. FTE conversions under the ISDA are counted under this initiative and are reported at least quarterly to ASAM, and additionally on request. |

# Management Objectives

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | | |
| | | | | ● | | | | | | | ■ | ■ | ■ | 10. Implement by Q2 FY05 an industry standard model to improve third party billing. | In collaboration with the CCG Tribal Consortium, IHS participated in the design and development of the new RPMS billing package. The Patient Account Management System (PAMS) combines the existing RPMS Third Party and Accounts Receivable applications with a focus on an industry standard model, employing front end edits and a windows-based design. With user input, IHS completed design and development of the new version of Patient Registration v. 7 .1 to provide software to enhance standardization of reimbursement processes in the field. The new version is a pre-requisite for PAMS and includes multiple front end edits.<br><br>IHS finalized a check list to improve Business Process and distributed it I/T/U-wide to further enhance and standardize reimbursement procedures.<br><br>IHS has set up systems in support of the RPMS software to be in compliance with the HIPAA standard transactions and code sets. The I/T/U sites now have the tools to standardize the data sent electronically for third party reimbursement. |

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| | | | | ● | | | | | | | ■ | ■ | ■ | 11. Support the transformation to "One Department" regarding IT functions by initiating implementation of products, services, and policy directives yielded by the Enterprise initiatives as defined by HHS. | As part of the "One HHS" information technology consolidation metrics, the IHS:<br>– Implemented HHSNET throughout the IHS, including conversion of all of IHS to the centralized Internet and completion of 70% of the Agency's Windows 2003/Active Directory/Exchange 2003 migration.<br>– Improved program performance by establishing the Office of Information Technology at the senior executive level and reorganizing IT functions consistent with HHS, OMB and industry emphasis areas (i.e., architecture, project management, security).<br>Improved program performance by implementing performance-based contracting. |

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| | | | | | | ● | | | | | | | ■ | 12. Support and comply with the transformation to "One Department" regarding the Financial Management functions during FY04 and FY05. | IHS accomplishments during FY04 have positioned the Agency to be substantially ahead of the implementation schedule outlined by the UFMS PMO. The accomplishments include the following:<br>– HQ and Area Finance and IT staff completed the Oracle Federal Financials training, the PSC CRP, and other Oracle on-line training. This course was completed by all FMOs and HQ OFA and IT staff in FY04. Another course is scheduled for the first quarter of FY05 for Finance and IT staff who were not able to attend the first course.<br>– IHS provided three staff members on a full time basis to the UFMS implementation project.<br>IHS completed significant clean up of prior year accounts to address data readiness. |

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| | | | | | | | | ● | | | | | ■ | 13. Meet HHS Small Business and Performance-Based Contracting Goals in FY04 and FY05. | The IHS awarded performance-based contracts in the amount of $11M, exceeding its FY04 goal of $9M for performance-based contracts (20% of approximately $45M). Performance-based contracts were awarded for information technology services, laboratory services and services for laundry, housekeeping, security services, and coding and billing for Medicare, Medicaid, and other collections.<br><br>IHS implemented the mandated FPDS-NG design. The design of this system caused the reporting of the Small Business/Socioeconomic data to be incomplete. However, IHS is confident that it has exceeded the Small Business goals for FY04 and has been told by the Department that it will not be required to resubmit the FY04 data.<br><br>IHS purchased Blackberries through NIH contract and $69.5k worth of office supplies through HHS pilot consolidated contract.<br><br>Using the Government-wide Commercial Purchasing Card (GCPC), IHS acquired $45.5M worth of goods, materials, supplies and services for the delivery of health services, which represents an estimated 115,188 actions and a savings of $5,183,460. |

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| | | | | | | | | | ● | | | | ■ | 14. Participate and support the Department-wide effort for program evaluation and corrective strategies during FY04 and FY05. | The IHS achieved an average overall PART score of 81% for the five programs thus far evaluated, including a 92% overall score for the Health Care Facilities Construction Program and an 80% overall score for the Sanitation Facilities Construction Program assessed by the PART in FY04. During FY04, all programs that had undergone PART evaluations implemented corrective action plans for the few deficiencies identified from PART evaluations and the IHS maintained 100% accreditation of its health care facilities. Finally, during FY04 the IHS continued to evaluate and improve automated patient care data capacity to monitor health care delivery and GPRA measures; this has resulted in more complete and accurate data that is site-specific, and documentation of a high level of success in accomplishing GPRA targets based on preliminary analyses.<br><br>The Urban Indian Health Program (UIHP) developed a charter and work assignment for a stakeholder workgroup to respond to the recommendations identified in its PART evaluation. The workgroup identified three areas of further analyses that are now underway.<br><br>In FY04, six evaluation projects were approved for funding to address high-priority health care and management issues. |